



Catz Sports/Youth Sports Treatment and Fitness Donation Form:

Team/Organizational Name: _____

Tax-deductible 501(c) (3) : Yes _____ No _____ Today's Date: _____

Name and Date of Event: _____

Number of Silence Auction Items Needed : _____

Date Needed by : _____

Catz Sports Needed for free demonstrations? Yes _____ No _____

Contact Person : _____ Contact Phone : _____

Contact E-mail: _____

